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CONFIRMATION NO. 1916

SERIAL NUMBER 10/057,313	FILING OR 371(c) DATE 01/25/2002 RULE	CLASS 128	GROUP ART UNIT 3743	ATTORNEY DOCKET NO. MS/2	
APPLICANTS Michael Schuman, Ft. Myers, FL; ** CONTINUING DATA ***** This appln claims benefit of 60/264,523 01/26/2001 OK FHD ** FOREIGN APPLICATIONS ***** NONE FHD IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 02/25/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>FHD</u> Examiner's Signature Initials		STATE OR COUNTRY FL	SHEETS DRAWING 3	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 4
ADDRESS 000049420					
TITLE Device and method for stabilizing wrists and arms					
FILING FEE RECEIVED 592	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		